

ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Community Hospital NorthCity: Indianapolis County: Marion Year: **2004**

Provider Type: Satellite of Hospital

I. Inpatient Care				
Hospital Service Description	Number of Set Up Beds	Number of Discharges	Number of Patient Days	Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Med/Surg	24	672	6,029	\$10,891
ICU Neonatal	20	362	4,169	\$21,467
ICU Pediatric	0	0	0	\$0
Medical/Surgical	75	5,246	20,858	\$2,299
Neonatal Intermed	0	0	0	\$0
Obstetrics	37	4,206	11,303	\$1,723
Pediatric	14	463	1,053	\$1,630

Psychiatric	136	4,307	30,417	\$5,613
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	306	15,256	73,883	NA
Normal Newborn	35	1,961	4,359	\$1,164

II. Outpatient Visits			
Circulatory System	4,130	Digestive System	5,510
Endocrine System	4,725	Injuries and Poison	13,454
Mental Disorder	1,730	Musculoskeletal	15,081
Neoplasms	3,259	Nervous	3,519
Respiratory	7,565	Urinary	9,887
Other/Unknown	44,094	Total Visits	112,954
Number of Visits to Emergency Department			36,014
Percent of Emergency Department Visits of Total Visits			31.9%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

N - Ambulance Service (Owned)	N - Alcohol/Drug Service	Y - Anesthesia Services
N - Audiology	Y - Blood Bank	N - Cardiac Cath Lab
N - Cardiac-Thoracic Surgery	N - Chemotherapy Service	N - Chiropractic Service
N - CT Scanner	N - Dental Service	Y - Dietetic Service
N - Extracorporeal Lithotripter	N - Gerontological Service	Y - Home Health Service
Y - Hospice	Y - Laboratory Anatomical	Y - Laboratory Clinical
Y - Magnetic Resonance (MRI)	Y - Neonatal Nursery	N - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
N - Ophthalmic Surgery	N - Optometric Service	N - Organ Bank
N - Organ Transplant	N - Orthopedic Surgery	Y - Pharmacy
Y - Physical Therapy	N - PET Imaging	Y - Postoperative Recovery
N - Psychiatric Emergency	N - Psychiatric Child	N - Psychiatric Forensic
N - Psychiatric Geriatric	Y - Radiology Diagnostic	Y - Radiology Therapeutic
N - Reconstructive Surgery	Y - Respiratory Care	N - Rehab Inpat CARF
N- Rehab Inpat Non CARF Acc	N- Rehab Outpatient	Y- Renal Dialysis

Y - Social Services	Y - Speech Pathology	Y - Surgical Inpatient
Y - Surgical Outpatient	N - Trauma Center Certified	N - Transplant Cnt Medicare
N - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported
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